

*Report of the Special Com-  
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... REPORT ...

of the

Special Committee

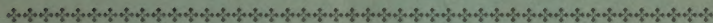
of the

Medical Association

of the District of Columbia,

on the

“Hospital and Dispensary Abuse in  
the City of Washington.”



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WASHINGTON, D. C., November 10, 1896.

WILLIAM P. CARR, M. D.,

*President Medical Association, District of Columbia.*

SIR: Your committee to investigate the free treatment of the "so-called poor in the various hospitals and dispensaries of the city," appointed at the semi-annual meeting of the Medical Association of the District of Columbia on October 6, submits the following as its report.

Without any unnecessary delay the Committee held a meeting and outlined the following course of action:

Address a letter to the chief of police asking for information in reference to the removal of sick and wounded persons found upon the streets, or elsewhere, to hospitals and dispensaries.

Address a letter to the sanitary officer of the police department asking for the following information: Regulations governing the issuance of permits to the free wards of the hospitals and what rules govern the rejection of unworthy applicants, also for an opinion as to the wages received which would entitle an applicant to charitable treatment.

Address a letter to Garfield, Columbia, Children's, Sibley, Providence, and Freedmen's Hospitals asking for the following information: Rules governing admission of patients to the free wards: whether patients admitted to the pay wards or private rooms are entitled to free treatment from the members of the attending staff on duty at the time. Where a dispensary was attached to the hospital we asked what restrictions were placed upon the admission of applicants to the services.

Address a letter to the Woman's Dispensary, Eastern Dispensary, Lutheran Eye and Ear Infirmary, and the

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Woman's Clinic, asking for a copy of the regulations governing the admission of patients to the services; what daily or monthly wages would exclude from treatment. And a letter to the Central Dispensary and Emergency Hospital asking for the following information: The regulations governing the admission of applicants to the various services; what wages daily or monthly would exclude applicants; what rules govern the admission of persons to the Emergency Hospital; what method of investigation was in force to prevent the admission and treatment of unworthy cases; whether any rule existed by which all emergency cases are brought to the hospital, whether found upon the streets, in the stations, or in houses; and whether cases not of a strictly emergency class are operated upon in the hospital and kept there until convalescence.

And finally a letter to each member of the Medical Association asking for the following information:

1. What restrictions should be placed upon the free treatment of applicants for aid at the hospitals and dispensaries of the city?

2. What amount of wages, either daily or monthly, should exclude an applicant for free aid?

3. Should applicants suffering from diseases, the result of vicious habits, be entitled to assistance free of charge?

4. What measures would you advise in the line of checking the abuses of medical charity?

5. Will you furnish the committee, in writing, instances of abuses of medical charity of which you have knowledge?

The superintendent of police made answer to the letters addressed to himself and to sanitary officer Frank as follows:

"1st. There are no printed regulations in force in this department governing the rejections of persons seeking admission to the several hospitals.

"2d. As different circumstances attach to different cases it would be impossible to make a wage-earning rule to govern them.

"3d. The full and detailed examinations made in each case by the officers of the department as to worthiness is the best prevention I know of against unworthiness and imposition.

"4th. The removal of sick and injured depend upon circumstances, there being no set rules as to where such persons shall be taken. Emergency cases are taken to that hospital in accordance with its rules. Sick and injured subjects are not taken from their residences to hospitals, except on arrangements made by them, or in case of worthy poor on arrangement by the department.

"5th. The law makes it imperative on the part of the police to remove all sick and injured and to administer to their emergency requirements in the most humane and practical manner according to conditions."

He enclosed the only rules governing ambulances and patrol wagons. We have carefully read these rules, and find:

"The police ambulance will be used for the conveyance of sick and injured and for no other purpose, except in cases of emergency, and then with the approval of the superintendent.

"Care must be observed on the part of the driver to transport the sick and injured at such a rate of speed, etc.

"Should the patrol wagon be required to remove an injured person or persons to their homes or to a hospital the officer in charge will acquaint his station, etc.

"The patrol wagons are designed for but one purpose and must not be used for errands or for calls at police headquarters, except when necessary."

The sanitary officer at a later date furnished a form of certificate for admission to hospital. These blanks are filled out and signed by a physician or other responsible party and are filed in his office.

To the letters addressed to the hospitals your committee has received answers from each one. Neither hospital has printed regulations governing admissions.

**FREEDMEN'S HOSPITAL.**—Most of the patients are admitted on permit from the sanitary officer and physician to the poor; a few come through the Interior Department. There are no pay wards. In the dispensary attached every effort is made to prevent imposition. Outside physicians cannot attend cases here.

**PROVIDENCE HOSPITAL.**—The appropriation is limited and provides only for non-resident sick, yet by the income received from private wards a charity fund is created for the sick poor of the District. Admissions to the public wards are on the order of the Surgeon-General, U. S. A. Patients are admitted to the private wards and rooms on payment of seven, ten, fifteen, or twenty dollars a week. Sailors to the Marine ward. The members of the staff will, when called upon, visit and prescribe for patients in private rooms or wards. Patients occupying private rooms, and able to pay for medical or surgical attendance, will be required to pay the usual fees to the staff physicians and surgeons. Outside physicians can attend cases in the private rooms.

**SIBLEY HOSPITAL.**—All patients admitted to the free wards must give satisfactory evidence of being unable to pay for medical treatment. All patients admitted to the private wards must either employ their own physicians or give satisfactory evidence of being unable to do so, when they are assigned to the member of the attending staff on duty. There is no dispensary. The resident staff are not permitted to treat any out-door cases at the hospital except in event of emergency. Outside physicians can attend cases here.

**COLUMBIA HOSPITAL.**—Under the regulations only those women who are suffering from diseases peculiar to their

sex are admitted to the hospital or dispensary. The hospital is intended for those cases unable to pay for board, lodging, medicines, and medical attendance.

Patients admitted to private rooms are charged for services at the discretion of the member of the staff attending.

An unmarried patient is not admitted to the obstetrical wards a second time, except in case of emergency.

The directors think these rules are complied with strictly. Outside physicians are not allowed to attend patients here.

CHILDREN'S HOSPITAL.—Only indigent children under twelve years of age are admitted to the hospital and dispensary. Outside physicians are not allowed to attend cases here.

GARFIELD HOSPITAL.—The rules for admission are: To the *indoor service*, a patient is received into the free wards on presenting a satisfactory certificate from a physician or authorized person in good standing, stating their financial and physical condition. The sanitary officer frequently may recommend charity patients for admission and they are received whenever there exists a vacancy.

To the out-door service, a patient can receive treatment who is unable to employ a physician, and a nominal sum of five cents is charged for the work of compounding such prescription.

Outside physicians can attend patients here.

We gather from these letters that some rules are in existence, more or less enforced, to prevent imposition.

Your committee did not address communications to all of the dispensaries in the city, but selected the Woman's, the Eastern, the Lutheran Eye and Ear Infirmary, the Central, and the Woman's Clinic, as those having the largest clientage. Our letter to the Central was different from the others by reason of the emergency service attached.

Each of these institutions answered our letter of inquiry.

WOMAN'S DISPENSARY.—There are no specific regulations regarding the treatment of applicants; each physician uses his judgment and discretion in admitting to services. Only women and children are admitted, and they are of the poorest classes in about ninety per cent. of the cases. Excluding treatment of a surgical or gynecologic character, a wage of ten dollars a month, with no one to care for, would exclude from treatment. A charge of ten cents is exacted for medicines.

EASTERN DISPENSARY.—There are no hard and fast rules governing the admission of applicants; each case must be judged on its individual merits. In accordance with the by-laws, the physicians shall reject unworthy applicants and such as in their judgment are not entitled to the benefits of the dispensary, and may require all patients to furnish satisfactory references that they are *bona fide* subjects of charity. The reasons of such rejections shall be entered upon the register. This leaves the matter of admission or rejection to the discretion of the physician.

LUTHERAN EYE AND EAR INFIRMARY.—The only restriction is that the applicant is in need of treatment and unable to pay for it. This is learned by questioning the applicant, and if in doubt as to the truthfulness of the answers, a statement from the family physician or other well-known person is required. The ability to pay depends on the income of the applicant and the number to be supported by said income. No definite per capita allowance is made, but each case has to be considered on its merits.

CENTRAL DISPENSARY.—The registrar at the desk where the patients are admitted was at one time authorized to institute inquiries and refuse all unworthy, but it was

found not to work satisfactorily, some really worthy persons being thus deprived of the benefits of the dispensary. Such persons are now *referred* to the directors of the different clinics and they are catechized, and when found to be unworthy are refused treatment. Many unworthy creep in under this system. They lie, give false names, and deceive in many ways. Still, many are sent away as not entitled to treatment every week. Placards are placed in the waiting and treatment rooms as follows, "The benefits of the Dispensary are for the needy poor only." No stated wage is a guide to admission. Out of work and in need of treatment is all that is necessary. Letters of endorsement are not always reliable. The managers ask the co-operation of the profession that every abuse might be corrected. In the emergency department *every* case which is brought in is cared for and treated for the first time without cost. The order to the resident is that he should then tell the patient that he must go to his physician. If he says he has none and asserts he is unable to pay for one he can come back for his re-dressings and attention the same as any other charity patient. The ambulance must respond to every call made upon it to bring a patient to the hospital. The ambulance cannot be used to convey sick or wounded to any other place, and no patient is to be brought to the hospital against his will. The severely sick or wounded are kept in the hospital, subject to the orders of the attending surgeon or physician, as he is the only one who can rightfully assume such a responsibility. Worthy cases from the dispensary are admitted to the wards for operation and treatment in a limited number only.

**WOMAN'S CLINIC.**—This institution has a visiting committee elected annually by the board of directors, whose duty it is to inquire into all questionable cases of patients being unable to pay the regular medical fee. The mem-

bers of the clinical staff are expected to report suspicious cases to the committee. So far there has been no trouble. Notices are posted that no one will be treated who is able to pay a physician. Servants, sewing women, and shop girls generally entitled to treatment. A charge of ten cents is made for medicines.

It will be seen from the replies to the dispensary letter that no uniform system of inquiry is in force but each dispensary physician decides for himself. That the methods of investigation at the Woman's, the Eastern, the Lutheran Eye and Ear, and the Central are insufficient and superficial, in a very great number of cases, cannot be denied, nor can it be denied that the Emergency Department of the Central has long ceased to be an institution of charity, however broad these lines may be drawn. In past years, as well as at the present time, this last institution has operated to the greatest injustice to both the community and the profession. Injustice to the community by educating them that they are entitled to the services of the gentlemen attached free of charge; at the same time it assists in pauperising the recipients of those services for which they could and should pay; injustice to the profession by taking from their hands cases of sick and injured persons, who rightfully belong to them that the number of admissions to the hospital may be increased in order to influence the Appropriations Committee of Congress. Cases have been brought from Maryland and from Virginia for treatment; laparatomies, fractures, stab wounds, gun-shot wounds, dislocations, and others, and if published accounts are of any value in this matter, they have never been rejected. The records of the hospital will show this. Only recently a man was brought from Maryland, a railroad employe, past villages where competent physicians, members of the Baltimore and Ohio re-

lie service resided, and of which service this man was also a member, any of whom would have willingly undertaken the care of the case. This man was entitled to the services of the company's surgeon, and as his injuries were of a serious character he should have been sent to Providence Hospital, where the railroad company pays the expense of treatment, but under the rules of the police department, as laid down by the Emergency Hospital, this man was not taken where he rightfully belonged but was brought to its wards. Here was a flagrant injustice to many physicians along the line of the route. Here is another. J. W. Rice, who resides at Bailey's Cross Roads, Va., while digging a well Saturday, was struck by a falling tub of dirt, weighing thirty pounds. Rice was seriously injured internally, and was brought to the Emergency Hospital for treatment. These men died of their injuries. It is useless to multiply cases of abuse.

In the opinion of your committee, the emergency department of *any* hospital should be operated upon the same lines of charity that would govern individual charity. That a man is sick or wounded does *not* constitute any moral, legal, or financial right in his claim to the charity of a community. It does not entitle him to treatment without charge, unless such a right is established in the first instance; neither does it tend to make him retain his self-respect, his independence of spirit, nor his standing in the community, for him to receive for nothing such services as those for which he can pay.

It is wrong to have cases taken from physicians; they should be sent to a general hospital, if sent to a hospital, or to their homes. Few cases would suffer did proper regulations exist and fewer cases would die for want of the exercise of that private charity that we all practice. Your committee does not wish to be thought desirous of making an attack upon any institution, but as facts are

facts, however disagreeable it may be to have to hear them stated, we are compelled to report as we have against the methods of investigation of *all* the dispensaries questioned. We do not believe that any medical charity, however good, should receive support from intelligent people, unless it can be proven satisfactorily that the greatest care is exercised in the just and careful distribution of its benefits. True charity aims at promoting thrift among its recipients, whom it glories in aiding to successfully weather the ills to which flesh is heir. We are confident that there is no higher form of charity than that which encourages sick people to recognize that to the extent of their means, they are bound to provide for the medical treatment and care they require when suffering from accident or illness.

During late years the question of hospital and dispensary abuse has been discussed very extensively; so far with more or less relief in other cities. The remedy is only to be found in harmonious conferences of physicians attached to the institutions of charity. Without harmonious action on the part of the medical and lay directory of an institution friction occurs, and opposition to mutual benefits is developed. The first lesson to be learned is that the system of admission is radically wrong. This is apparent to any one who looks at figures. The present uncontrolled system of free admissions does a great injustice to the profession and demoralizes the patients. The hospital managers are not free agents; neither are they medical men; they both have received the trusts from their predecessors, without question as to the abuses which they were continuing. The lay members cannot enforce economy and institute checks based upon business principles, since the staff would object to such an assumption of authority; the medical members cannot institute reforms in admissions, as the lay members would think

such reforms were based upon improper motives; but there is no question that by mutual concessions and harmonious conferences every abuse with which they may be charged can be corrected. Antagonisms would vanish, the profession would regain its respect, and pauperism be checked. The eleemosynary medical institution works a grievous hardship upon the young physician, since it compels him to render service gratuitously upon their board or wait idly to gain such experience as he needs. If the eleemosynary institutions are abolished the management will be free to remedy the abuse.

#### NUMBER OF PATIENTS TREATED IN HOSPITALS AND DISPENSARIES, JULY 30, 1894, TO JULY 30, 1895.

Reference to different reports, results in the following figures showing the number of sick and injured treated in some of the institutions, and by the physicians to the poor for the year ending July 30, 1895.

Number of patients sent to hospitals by sanitary officer July 1, 1894 to June 30, 1895, 3,558\*.

	Dispensary.	Hospital.	Total.
Washington Asylum Hospital.....		769	769
Columbia Hospital.....	1,690	573	2,263
Freedmen's Hospital.....	6,808	2,524	9,332
Children's Hospital.....	3,626	306	3,932
National Homeopathic Hospital.....	1,493	458	1,951
Eastern Dispensary.....	5,198†		3,805
Central Dispensary and.....	11,025		11,025
Emergency Hospital.....		2,584	2,584‡
Homœopathic Dispensary.....	2,157		2,157
Woman's Dispensary.....	1,183		3,568
Garfield Hospital.....	1,340	1,114	2,454
Providence Hospital.....		1,774	1,774
By Physicians to the Poor.....			15,150
	<hr/> 34,515		<hr/> 58,180

\*Rept. Com. Charity, '95 shows only 2,751.

†Total number of visits.

‡1,461 operations included in the total number.

Here we see that in the hospitals and dispensaries during the year ending June 30, 1895, a total of 43,030 ap-

plicants were treated, while the physician's to the poor treated 15,150 patients. This makes a grand total of 58,180 patients treated, and a percentage to population of about twenty-one. Many of these cases are recorded more than once but this does not alter the fact that 58,180 cases were treated, and we believe fully 90 per cent. were free patients.

While your committee has received a great number of letters from the members of the Association, it was not possible to make use of all of them, as many answered by endorsing the work of the committee but gave no specific answers.

Analysing the answers to our circular letter we learn in reply to question No. 1.

47, Would require applicants should present a certificate or satisfactory evidence of their worthiness from the police, minister, physician, or other reputable party, this certificate to expire in thirty to ninety days from date of issuance.

40, Dispensaries and free hospitals are for the worthy poor only.

17, Have the applicant prove inability to pay for treatment.

6, Would require the oath of applicant before treatment is given, with prosecution for perjury.

4, Emergency cases to be removed to their homes at the earliest moment compatible with safety to the patient.

3, Advise not to follow cases from dispensaries.

1, Never considered the subject in the light of abuse of medical charity.

1, Applicants should be recommended by two tax payers, and endorsed by commissioner of charties.

In reply to No. 2.

37, There can be no stated amount for all.

- 15, Single applicants, \$10 to \$20 a month, with board.
- 15, Single applicants, \$30 a month.
- 17, Married applicants, \$30 to \$50 a month.
- 14, Married applicants, \$45 a month.
- 4, Married applicants, \$60 or more a month.
- 6, All wages.
- 5, Servants, \$8 to \$20 a month, with board.
- 4, Hard to state.
- 2, Steady employment.

In reply to No. 3.

46, No.

30, If poor, yes.

26, Yes.

3, In the hospital at the workhouse.

2, Only in a Lock hospital.

1, Is a question of doubt.

1, Under certain circumstances only.

In reply to No. 4.

33, Require certificates from physician or other reputable parties.

24, Greater care on the part of the physicians in charge of the institutions.

9, Abolish all dispensaries and send applicants to physicians to poor.

6, Action by the Medical Association, D. C., against all institutions and their physicians who abuse medical charity.

5, Investigating Committee from Board of Directors.

6, Go to Congress and oppose the granting of subsidies to institutions which abuse medical charity.

4, Put all institutions under control of the Commissioners, D. C., or the law, and if institutions make false reports close them.

3, A paid inspector with power to "blacklist" unworthy applicants.

3, Less competition between the institutions.

3, Charge a small fee for medicines.

2, Change of staff every three or four years.

2, Establish a department or Bureau of Public Charities or Medical Relief.

2, Medical representation on all boards and resent efforts of the lay members to force imposition, and if necessary resign from the board. No physician to accept the vacancy under penalty of censure of the Medical Association.

3, Too many hospitals and dispensaries.

1, Close all established in past five years.

1, Physicians should report abuse to the institutions.

1, A co-operative league among physicians.

1, Smaller staffs.

1, Suggests formation of benefit societies.

In reply to No. 5.

51, Yes.

40, Cannot recall circumstances at this time, or know only by hearsay.

From these answers your committee draws the following conclusions as to the consensus of the opinion of the profession.

1st. Every institution should require satisfactory evidences either in writing or derived from strict investigation of each individual case.

2d. That the free hospitals and dispensaries are for the worthy poor only.

3d. That there is a great abuse of medical charity in all the hospitals and dispensaries and especially in the Emergency Department of the Central Dispensary.

4th. That the majority of applicants are able to pay a physician a fee, small or large, to be regulated by the amount of wages received and the number to be supported.

5th. The working man is able to pay his physician.

6th. That the victims of vicious habits, if really poor, or if liable to spread venereal diseases should be treated free of charge, otherwise they should be denied treatment. The answers are almost balanced on this question, but great liberty should be given the physician in his treatment of this subject, the question of morals not to be considered.

Your committee recommends:

1st. That every institution require written evidence, in the form of a certificate, from every applicant for free treatment at every institution supported in part or in whole by the government.

2d. That there be a central distribution Bureau, where all applicants for free medical aid be required to apply, present their evidence, and receive the certificate necessary to their admission to any charitable medical institution, such certificates to continue in force for thirty (30) days.

3d. That this Bureau be in charge of a salaried medical officer, whose record of applicants shall be open for public inspection under certain restrictions.

4th. That cases of sick and injured persons found upon the streets, in the stations, or elsewhere, which upon investigation are proper subjects for treatment, be carried to their homes and if they have no suitable homes to the nearest hospital.

5th. That cases brought from the States be refused treatment in the public wards of a hospital, and that such cases be compelled to pay for services or be excluded from the charity of the city.

6th. That the physicians to the poor be paid larger sal-

aries, that their number be increased, and that they be required to attend more closely to their duties.

7th. That in future the members of the medical staff of hospitals and dispensaries be elected for a term of not more than four years, and be ineligible for an immediate re-election.

8th. That the Medical Association of the District of Columbia oppose the further appropriation, either from Congress or the Commissioners of the District of Columbia, to any or all institutions which are found to abuse medical charity.

9th. That the reputable members of the profession be allowed to attend patients in all of the hospitals of the city. In submitting this report your committee requests the members of the Medical Association to bear in mind that we are not expressing our personal sentiments only, but those of our correspondents, and further, that we have declined to make any investigation of cases of abuse communicated nor have we visited any institution in quest of evidence, preferring to allow the executive of each institution questioned to answer as was thought best.

In the preparation of this report the following authorities have been consulted: Burdett's Hospitals and Charities; Reports of the Commissioner of Charities, D. C.; Reports of Institutions named; Reports of Metropolitan Police Department.

All of which is respectfully submitted.

LLEWELLYN ELIOT, M. D.,  
CHARLES G. STONE, M. D.,  
F. B. BISHOP, M. D.,  
ROSIER MIDDLETON, M. D.,  
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*Committee.*

On motion, this report was ordered given to the Press, and 1,000 copies be printed for distribution.



